

## SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

### PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

#### TYPE OF REQUEST

☒ INITIAL

☐ MODIFICATION

☐ DELETION

DATE

### PART I *(To be completed by User)*

1. NAME (LAST, First, MI)

2. SOCIAL SECURITY NUMBER

3. ORGANIZATION

4. OFFICE SYMBOL/DEPARTMENT

5. ACCOUNT CODE

6. JOB TITLE/FUNCTION

7. GRADE/RANK

8. PHONE (DSN, if applicable)

9. E-MAIL ADDRESS

#### STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE

DATE

### PART II *(To be completed by User's Security Manager)*

10. CLEARANCE LEVEL

11. TYPE OF INVESTIGATION

12. DATE OF INVESTIGATION

13. VERIFIED BY (Signature)

14. PHONE NUMBER

15. DATE

### PART III *(To be completed by User's Supervisor)*

16. ACCESS REQUIRED (Location)

#### DISN Video Services System

17. ACCESS TO CLASSIFIED REQUIRED?

☒ NO

☐ YES

18. TYPE OF USER

☒ FUNCTIONAL

☐ SYSTEM

☐ SECURITY ADMINISTRATOR  
☐ APPLICATION DEVELOPER

☒ OTHER (Specify): **End User**

19. JUSTIFICATION FOR ACCESS

**To access the DISN Video Services System**

#### VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

20. SIGNATURE OF SUPERVISOR

21. ORG./DEPT.

22. PHONE NUMBER

23. DATE

24. SIGNATURE OF FUNCTIONAL DATA

25. ORG./DEPT.

26. PHONE NUMBER

27. DATE

### PART IV *(To be completed by DVS Operations Center AIS Security Staff adding user)*

28. USERID (Mainframe)

N/A

29. USERID (Mid-Tier)

30. USERID (Network)

31. SIGNATURE

32. PHONE NUMBER

33. DATE

## INSTRUCTIONS FOR FORM 41

Note: Responses in **Bold** are DVS pre-fills on Form 41 and are not to be altered by the person filling out the form.

### A. PART I: *(The following information is completed by the user when establishing their USERID.)*

TYPE OF REQUEST: ☒ **INITIAL**

DATE: Today's date

- (1) NAME: Your name (Last, First, Middle Initial)
  - (2) SOCIAL SECURITY NUMBER: Your Social Security Number (Box 2 is not required, if you hold a valid Security Clearance and Part II is completed in its entirety.)
  - (3) ORGANIZATION: Your organization or activity. (i.e., DMC San Antonio)
  - (4) OFFICE SYMBOL/DEPARTMENT: Your office code or department name (i.e., WEA32)
  - (5) ACCOUNT CODE: The DVS Site ID that you're associated with. For those individuals who are associated with multiple sites, list only a single, or primary, DVS Site ID. For those with no DVS Site affiliation, insert "N/A."
  - (6) JOB TITLE/FUNCTION: Selecting ONLY ONE, insert the position description that best describes your job, from the following categories: COI Manager, VTF Facilitator, VTF Reservationist, or Other (View Access Only).
  - (7) GRADE/RANK: Your civilian pay grade, military rank or CONT if contractor.
  - (8) PHONE (DSN): Your Defense Switching Network (DSN) phone number. If DSN is unavailable, indicate commercial phone number.
  - (9) E-MAIL ADDRESS: Your e-mail address. This cannot be a group or organizational e-mail address.
- USER'S SIGNATURE: You must sign the SAAR form with the understanding that you are responsible and accountable for your password and access to the system(s).

### B. PART II: *(The following information is to be provided by the User's Security Manager.)*

*Note: Users who have been asked to apply for a DVS USERID and who DO NOT have a valid security clearance should write N/A in Box 10 and enter their Social Security Number in Part I, Box 2. Users who DO have a security clearance must have Part II executed by their organization's Security Manager.*

- (10) CLEARANCE LEVEL: The user's current security clearance level and ADP Level (i.e., Secret, Top Secret, ADP I, ADP II, etc.) Note: You may need to check with your LAN S/A for your ADP level.
- (11) TYPE OF INVESTIGATION: The user's last type of background investigation. (i.e., NAC, NACI, or SSBI)
- (12) DATE OF INVESTIGATION: The date of the last background investigation.
- (13) SIGNATURE: The Security Manager or his/her representative's signature indicates that the above clearance and investigation information has been verified.
- (14) PHONE: The Security Manager's phone number.
- (15) DATE: The date that the form was signed by the Security Manager or his/her representative.

### C. PART III: *(The following information is to be provided by the User's Supervisor or COI Manager.)*

- (16) ACCESS REQUIRED (Location): **DISN Video Services System**
- (17) ACCESS TO CLASSIFIED REQUIRED? **No**
- (18) TYPE OF USER: **Functional; X - Other (specify): End User**
- (19) JUSTIFICATION FOR ACCESS: **To access the DISN Video Services System.**
- (20) SIGNATURE OF SUPERVISOR: The user's supervisor or COI Manager must sign the SAAR form to certify the user is authorized access to perform his/her job function.
- (21) ORG/DEPT.: Supervisor's or COI's organization and department.
- (22) PHONE NUMBER: Supervisor's or COI Manager's phone number.
- (23) DATE: The date the Supervisor or COI Manager signs the SAAR.

**At this point, the user will FAX the completed form to the DVS Operations Center:**  
**FAX # 618-229-8688      DSN # 779-8688**

*(DVS Operations Center will provide the answers to questions 24-27.)*

- (24) SIGNATURE OF FUNCTIONAL DATA OWNER/OPR: Signature of the functional appointee responsible for approving access to the system being requested.
- (25) ORG./DEPT.: Functional appointee's organization and department.
- (26) PHONE NUMBER: Functional appointee's phone number.
- (27) DATE: The date the Functional appointee signs the SAAR.

**D. PART IV:** *(The following information is provided by the DVS Operations Center AIS Security Staff who adds the user to the system.)*

- (28) USERID (Mainframe): **N/A**
  - (29) USERID (Mid-Tier): Mid-Tier ID assigned to the user.
  - (30) USERID (Network): Network ID assigned to the user.
  - (31) SIGNATURE: Signature of the Information Systems Security Officer (ISSO) or his/her representative.
  - (32) PHONE NUMBER (DSN): The ISSO's DSN phone number.
  - (33) DATE: The date the ISSO signs the SAAR.
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## **FORM 41 FAQ**

- 1. IS THIS FORM BEING USED TO VALIDATE A SITE OR AN INDIVIDUAL?  
**AN INDIVIDUAL.**
- 2. SSN REQUIRED?  
**IT'S ONLY REQUIRED IF YOU DO NOT HOLD A VALID SECURITY CLEARANCE. IF YOU DO HOLD A SECURITY CLEARANCE, SKIP BOX 2, AND VERIFY THAT PART II IS COMPLETED IN ITS ENTIRETY.**
- 3. HOW ABOUT USERS WITH MULTIPLE SITE IDS?  
**USE THE SITE ID WHERE YOU DO MOST OF YOUR WORK.**
- 4. HOW WILL I KNOW DVS GOT MY FORM 41?  
**YOU'LL GET AN ACKNOWLEDGEMENT WHEN WE RECEIVE YOUR FORMS.**
- 5. CAN I LIST A GROUP OR ORGANIZATION EMAIL ADDRESS?  
**NO.**
- 6. HOW WILL I KNOW MY FORM HAS BEEN SUCCESSFULLY PROCESSED?  
**THE VOC WILL SEND A VALIDATION ACKNOWLEDGEMENT VIA EMAIL.**
- 7. ONCE THE VOC RECEIVES A COMPLETED FORM 41, HOW LONG DOES IT TAKE TO VALIDATE A USER REQUEST FOR AN ID?  
**APPROXIMATELY 2-5 BUSINESS DAYS.**
- 8. HOW LONG WILL THIS FORM BE VALID?  
**FOR AS LONG AS YOU ARE A DVS USER.**
- 9. HOW LONG WILL PASSWORDS BE VALID?  
**90 DAYS.**
- 10. I'M A CONTRACTOR. I'VE BEEN TOLD TO COMPLETE A FORM 41. I HAVE A POSITION AS A COI MANAGER, VTF MANAGER, VTF FACILITATOR, OR VTF RESERVATIONIST. I DON'T HAVE A SECURITY CLEARANCE. HOW DO I HANDLE PART II OF THE FORM 41?  
**PUT "N/A" IN BOX 10. RETURN TO PART I AND WRITE YOUR SOCIAL SECURITY NUMBER IN BOX 2.**  
**(NOTE: IF A CONTRACTOR IS NOT WORKING IN EITHER A COI OR FACILITATOR CAPACITY, THEY MAY NOT HAVE ACCESS TO THE SYSTEM VIA PASSWORD.)**
- 11. CAN I USE DIGITAL SIGNATURES?  
**NO.**
- 12. HOW DO I SEND THE FORM 41 BACK TO THE OPERATIONS CENTER?  
**BY FAX AND ONLY BY FAX. THE VOC'S FAX NUMBER IS PRINTED ON THE FORM AND IN THE INSTRUCTIONS.**